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ABSTRACT

This paper traces the development of Daytop Village, a therapeutic community for drug addicts begun in 1963. Of special concern is the integration of professional services into the community. The author emphasizes the importance of the role model in such a community, citing the improvements resulting from appointing an ex-addict to the program staff. Daytop's goal of helping graduates re-enter the larger community is contrasted with the philosophy of a "life-style" center such as Synanon, which makes no attempt to return graduates to the "real world." The concept of supportive services is elaborated on, including vocational counseling, medical treatment, cultural enrichment, legal and psychiatric services. (Author/BP)

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SUPPORTIVE SERVICES:

THE PROFESSIONAL COMPONENT OF THE THERAPEUTIC COMMUNITY

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DAYTOP VILLAGE, INC.
NEW YORK CITY, NEW YORK U.S.A.

TWELFTH ANNUAL CONFERENCE
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Daytop Village in 1977 is universally conceded to be a paragon of the modern sophisticated T.C. It has provided training to and served as a model for a host of helping organizations on a truly international scope. There are indeed parallel structures in places as diverse as Malaysia, the Philippines and in fact nine T.C.'s carrying the name Daytop in the Federal German Republic alone.

If what I am describing appears pretty much an "establishment" operation, let me take you back in time to the early 60's and the inauspicious and rather shaky beginnings of our community.

In the early 60's addicts in the U.S. had pitifully few choices were they inclined to treatment. There were hospitals and prisons: however, neither of these choices were effacious and even the euphoria induced by drugs could not shroud, for the addict, his acceptance of society's view that he was incurable. This dark view fed upon itself as hospitals and prisons released people of whom 98% immediately fell into recidivistic patterns.

Against this gloomy backdrop there appeared a ray of hope, however chimerical it seemed at the time. There was a place, rumor had it, that was actually curing addicts without medical intervention. Charles Diedrich, a recovered alcoholic had expanded his self help group to include narcotic addicts and ultimately broke with AA to form Synanon and deal with addiction.

This was exciting news and in 1962 the National Institute of Mental Health awarded a grant to the probation department of Brooklyn Supreme Court to explore the possibility of starting such a program in New York. A noted psychiatrist, Dr. Dan Casriel, went to Santa Monica visited Synanon and came back with a blueprint for a pilot project Daytop Lodge.

Daytop Lodge was limited to 25 male probationers and established in Staten Island in 1963. It was a noble experiment which failed in its initial attempt, as the addicts in treatment continued their expertise at manipulation, conning and doing whatever else was necessary to foil the laudable goals of the professionals who ran the program. A sub-culture quickly developed where the patients learned the degree of change that they would have to simulate in order to obtain rewards from their mentors.

The concept was not to succeed until strong leadership was found.

In 1964, David Deitch, an ex-addict from Synanon, came to the East Coast to work at Daytop. There was an immediate impact as the clients were now offered their first glimpse of an ex-addict who made it. They were also quick to learn that some of the games they had been playing were no longer acceptable to the new leadership at Daytop. By 1965, the program had grown to the point where it could no longer function given the restrictive intake of the original proposal and the doors were thrown open to take in voluntary admissoins of both sexes. To accomodate this expanding population, the organization was formally set up as Daytop Village, Inc.

It became apparent to one and all that the role model concept was critical in any attempt at drug free rehabilitation. Addicts who had believed that real help was impossible, that "once and addict always an addict", were now stripped of that defense. The program began to work and treatment was provided almost exclusively by ex-addicts.

Many of the program's graduates were finding employment within

Daytop while others were quickly snapped up by agencies who were anxious to share in the success we were experiencing. However, some significant problems began to emerge.

The original twelve-month treatment model gave only eight weeks for an individual to prepare himself for reintegration into a society which he had previously been unable to cope with. There were a myriad of problems to be faced; employment, education, socialization, finding suitable quarters, after care, etc.

In retrospect, it appears simplistic to believe that all these goals were attainable in eight weeks. But was it simplistic?

One must bear in mind that Daytop was modeled after Synanon, an organization which took the view that the world was too corrupt for an ex-addict: our California progenitors firmly believed that an ex-addict could remain drug free only in Synanon.

Philosophically, Daytop Village was dedicated to the idea that re-entry into the everyday society is possible. Rehabilitated addicts could, indeed, live productive drug free lives outside the sheltering confines of a therapeutic community.

The original Synanon model did not include a re-entry phase. Thus at Daytop, residents who could convince staff that they were ready, were allowed to secure outside jobs while still living inside the therapeutic community. Real re-entry in the sense of permanently leaving Daytop was discouraged. In point of fact, many who attempted it were "bad rapped " for it. At that point in time, Daytop had been called upon by the City government to provide ambulatory treatment for non hard-core drug abusers in poverty areas. This was a new task which combined treatment, education, and moreover, prevention.

Daytop saw it as an opportunity to allow clients community exposure in what was a primitive attempt at re-entry. Staff realized the pitfalls of sending prospective graduates into the outside world, and seized upon the ambulatory treatment units as a place where people could "evaluate their experiences and re-affirm their commitments to the Daytop way of life".

The initial ambiguity as to re-entry is a function of the philosophical schism to which I have alluded. In essence, Daytop's leadership saw the program as a better world whose residents were viewed as one-time moral cripples who, however ennobled by their successful struggle, could not change nor succeed in the real world.

Thus, in 1968 we hear David Deitch in New Haven:

> "Our real job ain't got nothing to do with just overcoming drugs. Our real job is confronting a racist community and challenging them to live the life we show by example. Now that scares a lot of people, but it's time you really understood. There are those of you in this house right now who are along for a free ride because you don't give a Goddam about changing the world, the society in which we live, all the crap that's wrong in it."[1]

This stance produced much acrimony, and understandably so. Daytop's Board of Directors were an essentially conventional group of deeply committed individuals. Unlike Synanon, which solicits its own funds, Daytop was funded in the public sector. In fact, it had grown from a small pilot project to a viable organization as a result of the efforts of a deeply dedicated priest, Father (now Monsignor) William B. O'Brien, who had much first-hand experience in dealing with addicts and who threw his entire life's force into taking what he saw at Daytop Lodge and making it possible to give that service to a much greater range of people. In retrospect, I believe that the attitudes within Daytop that viewed re-entry as

impossible, were a function of a defense mechanism that A.H. Maslow refers to as "Desacralization."

> "These youngsters mistrust the possibility of values and virtues. They feel themselves swindled or thwarted in their lives. Most of them have, in fact, dopey parents who they don't respect very much, parents who are quite confused themselves about values and who, frequently, are simply terrified of their children and never punish them or stop them from doing things that are wrong. So you have a situation where the youngsters simply despise their elders--often for good and sufficient reason. Such youngsters have learned to make a big generalization: They won't listen to anybody who is grown-up, especially if the grown-up uses the same words which they've heard from the hypocritical mouth. They have heard their fathers talk about being honest or brave or bold, and they have seen their fathers being the opposite of all these things.
>
> The youngsters have learned to reduce the person to the concrete object and to refuse to see what he might be or to see him or her eternally."[2]

In 1968 this issue became the crux of an internal cataclysm, now known as the Palace Revolution. For those of you interested in more detail, I would refer you to Monsignor O'Brien's presentation at this conference.

Like all storms, this one passed not without pain, but with the dream that Daytop would carry on, and that it would contribute to societal change, respecting the honorable traditions of that society.

By 1970, Daytop had grown from its humble beginnings of 25 residents to a large program with 227 people in residential treatment. We now had three residential facilities with a total capacity of 500 residents plus three community outreach centers which, by then, functioned as ambulatory treatment units. Two of the facilities were used to provide the first 12-13 months of treatment; the third, located in New York City, had begun to operate as a re-entry house. Moreover, new services had to be added to

meet the needs of this ever-expanding population. We had become quite proficient at running a therapeutic community but found our internal expertise lacking in many aspects of re-entry. Initially, the few residents in treatment were able to secure employment via personal contacts. The expanding number of residents soon made this mode inadequate and a vocational placement counselor was employed.

I was that counselor. Given that I had a specific task which would benefit residents, I was unprepared for the cool reception that I received. Like most professionals, I was used to people coming to me seeking help and being somewhat awed by the expertise before which they stood. It dawned upon me that I had moved into an arena where the key was performance, and not credentials. The problem of the perspective of a professional in a therapeutic community had been commented upon in the literature, and has been succinctly synthesized by Dr. Donald J. Ottenberg:

> "This view of the professional as someone not too likely to be helpful, on whom one ought to keep a suspicious eye may be unknown to some professionals, even thought they work side by side with people who hold the view."[3]

Initially the amount of people for whom I was charged with the task of securing employment were small in number, and I was fortunate to begin my task before the advent of the global economic crisis of the 70's. People were placed in jobs, and began to do well in diverse occupations. Since 1968, Daytop had achieved a placement rate that exceeds 95%, a seemingly incredulous though statistically verifiable figure. The task of vocational placement within Daytop is facilitated by the fact that the program itself draws heavily on the Protestant ethic. One works for his rewards. Slogans throughout the facility abound with admonitions such as

"There is no free lunch". An internal job ladder is an integral part of the treatment process and to that extent, the client I was dealing with was at a decided advantage over some of his peers who were drifting aimlessly in their rejection of the "middle class values and their parents".

There were, and are, many estoppels to recovered addicts securing employment, barriers that encompass a gamut that includes legal ard attitudinal problems within a society which still sees the ex-addict as a pariah. The program evolved some additional constraints as to the type employment that clients would be allowed to seek. It became apparent that we could not allow our people to work in "negative environments" such as bars, quasi-legal enterprises, or dead-end menial jobs which would make for a probable return to drugs.

In the truncated economy of the real world, there are no mass employers ready to receive recovered addicts. Contacts with employers were made on a laborious trial-and-error basis. The job consisted of salesmanship, and convincing industry that there was profit to be gained in hiring our graduates. Many small places were relatively easy to convince and the performance of Daytop's graduates turned some of these employers into missionaries for our program.

Larger corporations were initially difficult to broach, and one suspects that their initial interest was as much due to public pressure on their part to perform some socially acceptable function in terms of making their corporate image more positive. Their initial scepticism melted as they began to experiment with small numbers of people, and by small I mean one or two. These programs flourished, and such giants as ATT, Mobil Oil and the Pontiac

Division of General Motors began to offer opportunities to a significant number of graduates. I would like to share with you some of the highlights of our vocational placement program.

One young man is currently enrolled in Columbia Medical School after becoming the first Columbia undergraduate elected to the Faculty Senate at that prestigious institution. Other graduates have become teachers, laboratory technicians, social workers and, indeed practicioners of a host of occupations which were once closed to the ex-addict. I do not mean to suggest that our graduates all pursue professional occupations, for that is certainly not the case. However, our vocational philosophy calls for someone reaching in life for something that exceeds his grasp by an attainable margin.

The placement possibilities for graduates of a therapeutic community are as varied as the clients themselves. Drugs are no respector of education, occupation, or social class, and people emerging from therapeutic communties have consistently achieved vocational results far outstripping their peers.

It is interesting to note that the vocational placement program at Daytop assiduously avoids "over-testing". Most of our residents are seeking entry-level jobs for which a skilled counselor can adequately subjectively determine their qualification. We feel that all too often people in TCs, hospitals, and indeed, institutions are submitted to a seemingly benign battery of tests, including intelligence, personality, achievement, etc., which in real sense serve to further re-enforce their sense of estrangement from their known drug abuser peers.

The average young man or woman leaving high school usually seeks and procures employment without extensive testing. Our resi-

dents know this, and all too often testing also introduces a mind set in the counselor, and proscribes areas which are then no-no's for the client.

In 1977 Daytop's placement efforts have become a sophisticated operation which utilizes in-house vocational counselors, public and private placement agencies, and currently have proposals submitted to the federal government for in-house training programs.

Treatment efforts cannot be considered a success unless an individual is able to re-enter society in a meaningful occupation. I realize the ambiguity of the word meaningful, however, at Daytop it may be loosely defined as an activity which offers the hope of autonomy in terms of economic independence and provides an individual with an area where he can hopefully continue his growth and put into practice the values which he has learned within the therapeutic community.

The vocational counseling that I was performing at Daytop proved to be a Pandora's Box from which many other problem areas surfaced. They clearly mandated the need for additional input in order to place residents into productive employment. Daytop began to see the need for strengthening our educational program to the extent that high school diplomas were sorely needed and that math and reading levels were vital. It appeared that many residents had unresolved civil problems which were also barriers to employment such as inability to secure drivers' licenses, union memberships that had expired, unresolved credit litigation, etc.

The re-entry house thus took on the job of fulfilling these needs and for the first time, professional and ex-addict were working together around the resident. The professional had to get and evaluate information and this could only be done through the ex-

addict staff who began to have more trust as they saw individuals being placed in dozens of jobs and the aforementioned problems resolved.

By this time the internal resistance to professional input had been pretty much dissipated, and the organization began to take a long hard look at its needs in terms of professional input. Today the Department of Supportive Services at Daytop Village functions as a vital part of the program. Through its various components it provides residents with a variety of services ranging from vocational assistance to legal counseling. These components are:

(1) Vocational
(2) Educational
(3) Medical
(4) Psychiatric
(5) Public Assistance and Medicaid
(6) Cultural
(7) Legal

I shall attempt to briefly explain their functioning, having already explored the vocational area.

MEDICAL. On the medical front, the need for professional input was also a function of a philosophical change. In our early years, the addict seeking help had to go through many changes, and, in essence, prove his motivation. We began to realize that this was denying treatment to people with low levels of motivation who nonetheless, needed our help and perhaps needed it more than those highly motivated individuals who, chances are, would have gotten help anyway. We began to take individuals into a newly formed screening, induction and referral unit. They no longer had to establish an a priori motivation but were brought into the house where a 24 hour-a-day unit, working with them, would evaluate them medically and psychologically to determine their appropriateness for our mode of treatment. Those people who were accepted

were then inducted and those who were unacceptable, were referred to places where they could get help.

Our psychiatrist and psychologist were seeing those people who gave the para-professional staff evidence that they required further evaluation and it soon dawned upon us that there were probably people already in treatment who were experiencing difficulties that required professional attention. By us, I mean the newly emerging Daytop team.

In the course of working together, it became apparent to the clinical staff that there was something to be gained from a team effort. At this point, I would like to address myself to a significant process that took place spontaneously in order for the program to move to the point which I have just described. The process was differentiation. Not every professional person that tried succeeded. Their success of failure was pretty much a function of the attitude they brought with them. Some came wearing their degrees as badges while others sought to learn as much as teach which is probably the hallmark of a true professional.

The welding of a combined treatment team in a therapeutic community is a fascinating area which has been the subject of some research. At a recent conference in San Francisco, Charles Devlin, Executive Director of Daytop Village, commented to the issue:

> "It is absurd to think that because someone is an ex-addict that he has the ability to treat. It is equally absurd to impart that same ability to an individual simply because he wears the label "professionsal." The question is--is the individual skilled, concerned and open to learning? For if he is, then he is truly a professional displying a professional attitude be he ex-addict or traditional 'professional'."[4]

Each of our residential treatment centers has a full-time nurse on staff. In addition, there are three medical doctors

employed on a part-time basis, as well as a clinical psychologist. Residents entering treatment typically have neglected their general health, they manifest many problems dentally, display a higher than normal incidents of liver problems, and in general, require medical care. This is accomplished by utilization of medicaid services as well as treatment at local practitioners within the area in which the therapeutic community is geographically located.

EDUCATION. Education at Daytop is similarly a vital function of treatment. The New York City Bureau of Education for the Emotionally Handicapped provides licensed personnel at each of our facilities, and there is a secondary school, PS 203M, within Daytop which prepares people for General Equivalency Diplomas as well as providing remediation reading and math. The General Equivalency Diploma in the United States is acceptable for admission to colleges and universities, and represents a major achievement in our population who typically have been school failures. There is also an on-going college program at Dayton in conjunction with the College of New Rochelle where four-credit courses are taught at the Manhattan facility. Articulation with community colleges at our upstate centers has resulted in on-going programs in these communities. Residents are also counseled as to all the intricacies involved in planning for higher education, not the least of which is achieving financial assistance so that education can become a reality.

It is interesting to note that at Daytop the performance of assigned homework represents a responsibility which is taken seriously by clinical staff. Thus the intrinsic motivation of our students is accelerated by the extrinsic pressure that the institution places upon clients. The vocational placement record at Daytop would have

been impossible to achieve without a strong educational component to the extent that job placement is still pretty much a function of educational attainment.

CULTURAL. Using addicts are typically constricted in interests, and are perhaps the severest victims of a society which makes inactivity painless through television. Now drug free, our residents are entering a world in which among other things, they have to cope with leisure time so that they may share in some of life's pleasures in which they had no previous knowledge of. This area is one which is easy to overlook, but which has been commented upon by many including Maslow in his notes on "Being-Psychology". Speaking of the characteristics of being he includes playfulness:

> (fun; joy; amusement; gaiety; humor; exuberance; effortlessness)5

Daytop Village, like other therapeutic communities, is basically a family repair station, a place where an orderly maturational process occurs. This process would certainly be incomplete were attention not given to avocation as well as vocation. Residents are allowed to attend classes in activities ranging from art, yoga, fencing, drama, karate, photography, creative writing and so on. There are active interest groups and workshops in both art and photography, as well as commitments to provide for any activities for which a demand arises.

Drama was always a natural at Daytop since 1967 where a spontaneous form of drama evolved within the therapeutic community. This was a play called the CONCEPT, a dramatization of one person's addiction and how that addiction was overcome through Daytop. The CONCEPT enjoyed a successful off-Broadway run, and since played on

three continents and by request of the President of the United States at the White House on three occasions.

PUBLIC ASSISTANCE AND MEDICAID. Funding at Daytop is in part through third party payments, and our Department of Supportive Services works with residents enabling them to navigate the maze required to secure such assistance. Again, it is extremely important, since many of the other services sited would, of course, be impossible to provide without governmental help. The complexity of this scene seems to grow by leaps and bounds, and the increased work load appears inversely proportional to government's commitment to cut red tape.

LEGAL. The legal services offered by the Department deal with civil matters ranging from problems in procuring drivers' licenses because of past violations, to marital situations, divorces, separations, bankruptcies, etc. This list, while brief, cannot describe the impact that these difficulties have on people attempting to re-enter society. Their typical inappropriate way in dealing with these issues in the past make for complex problems in the present.

The activities I have described, in their totality represent the concept of Supportive Services within Daytop Village, I do not wish to leave you with the impression that we are resting on our laurels, or indeed feel that ours is the optimal treatment milieu. At Daytop, we constantly look for holes in our program, for areas where we can improve services. We are indeed proud of what we have accomplished, but certainly do not feel that we have all the answers.

The fields of psychoanalytic psychology and psychiatry can, and should have, a great deal to say about the process, but

"only if they themselves evolve sufficiently to
take their place alongside of the more illuminating

> developments of contemporary thought. They will have to surrender old notions of absolute cause- and effect in favor of more subtle formulations."[6]

The concept of Supportive Services at Daytop Village grew in the manner that I have described. However this is certainly not unique to therapeutic communities in general, or Daytop in particular. I would like to conclude with a quote from Dr. June Christmas in speaking to the philosophical and practice of socio-psychiatric rehabilitation:

> "The usual therapeutic interventions, directed separately, if at all, to psychodynamic, interpersonal, vocational, physical, social or economic conditions, are of reduced effectiveness in the rehabilitative process. Those who suffer the disadvantages of poverty, discrimination, and illness need to cope, not only with the symptoms and effects of mental and physical disorders, social deviancy and social deprivation, but with environmental stresses as well. Appropriate and effective services give recognition to the significant transactions between man and his environment. Rather than focusing on recovery from illness alone, such rehabilitation services are relevant to the social context and the individual need, responsive to and acting upon the environment, and contributory to efforts of individuals and groups to realize their potential and strengths."[7]

FOOTNOTES

1. Sugarman, Barry. Daytop Village, A Therapeutic Community, 1974
2. Maslow, A.H. The Farther Reaches of Human Nature, 1971 pg.149
3. Ottenber, Donald J., M.D. Traditional and Non-Traditional Credentials in Addictive Problems- A / Dispatch from the Battlefield. ADDICTION THERAPIST, Vol. 2, No. 1, 1977 p 61
4. Devlin, Charles J. The Trial Marriage in the Therapeutic Community: The Relationship Between the Ex-Addict Para-Professional and the Traditional Professional in Drug Free Therapeutic Communities, National Drug Abuse Conference, San Francisco, California, 1977
5. Maslow, A.H. The Farther Reaches of Human Nature, 1971 p135
6. Lifton, Robert Jay, History and Human Survival, 1970 p 309
7. Barten, Harvey H. and Bellak, Leopold, Progress in Community Mental Health 1972 p 163